Trudeau Tigers-Special Olympics RI

Year Round Team Sports & URI State Summer Games

2019-2020 Registration

The Trudeau Tigers compete in year round athletics offered by Special Olympics RI including Unified and Traditional sports as well as Individual competition.

By completing this form in its entirety and returning it on time with the membership fee, you will submit your sport interests and receive info pertaining to your choices.
All teams are subject to size limitations and are created and filled to capacity based on first come, first serve enrollment.

Please complete and return this packet by:
SEPTEMBER 1st, 2019

For eligibility to partake in 2019 Unified & Traditional Basketball, all 2020 sports and URI State Summer Games!!! Any paperwork received after this date may become ineligible to partake in certain sports. It is imperative to fill in and check all info applicable and respect all deadlines, as scheduling is based on it.

*ATHLETE NAME: ____*Phone: __________________________

*ADDRESS: _______________________________________*DOB: __________________ *Age: ________

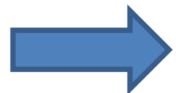
____*Email: ___________________________________

Please return this form along with the Trudeau Tigers membership fee of: $60.00

(This fee goes towards your competition wear, opening ceremony shirts, sports gear and equipment, first aid and protective wear, necessary event snacks and beverages as well as all other Tiger needs.)

Please make all checks payable to: Trudeau Center and return with this completed form to:
Attn: Jessica Keenan Trudeau Recreation 3445 Post Road Warwick, RI 02886

**NOTE- If you still owe for last year's season, this will form not be entered until that is paid.*



If you are having a payment issue please feel free to contact me and we can discuss options.

You will have received a separate email or letter in the mail if this pertains to you.

Year Round Team Sports Information

To register for athletics for this upcoming season please read thoroughly and fill out the information below in its entirety. Your on time, completed form and payment return will submit your interest for a spot on a team roster. Please check off those sports you are interested in competing in this upcoming season.

Fall 2019/2020

☐ Unified Basketball (2019) ☐ Flag Football ☐ Traditional Soccer ☐ Bocce

☐ Bowling* (2019/20): please specify needs ☐ Ramp needed

☐ W/C ☐ Stands ☐ Chair

☐ Left handed ☐ Right handed

Winter 2019-2020

☐ Traditional Basketball (2019) ☐ Unified Volleyball

Spring 2020

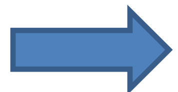
☐ Aquatics* ☐ Track & Field * ☐ Unified Soccer * ☐ Powerlifting* ☐ Cycling *

*denotes events held at the 2020 URI State Games

Summer 2020

☐ Unified Softball ☐ Golf ☐ Croquet

If you have an interest in a sport that is not listed please feel free to contact SORI and they will lead you in the direction as to how to partake in that sport.



URI STATE GAME INFORMATION: SORI 2020: May 29th, 30th & 31st

Any athlete wishing to participate in multiple Spring Sports should take into consideration when the competition is scheduled at State Games. As well as the below helpful hints:

- All athletes must have an updated Special Olympics medical form.
  (Good for 2 years in efforts to stay ahead)
- A total of (2) sports may be played at State Games.
- Track & Field Athletes may enter (2) events and 1 Relay.
- Unified Soccer takes place on Saturday, May 30th, Athletes will be unable to compete in any other sport on Saturday at URI if you register for Soccer, therefore you can choose from Friday Bowling or a Friday Track event below.
- Powerlifting and Aquatics have time trials on Saturday that conflict other sports, therefore you can also choose from the following Friday events below.
- Friday Track & Field events are:

3000m open	400m open	Shot Put	25M Walk (developmental)
200m Run	Running Long Jump	4x200 Relay	200M Walk

PLEASE CHECK/FILL IN ALL BLANKS THAT APPLY TO YOUR NEEDS: ***IMPORTANT NOTE:*** *Entries are completed accordingly. Also, all athlete and luggage drop offs will be at the dorm. There will be no transportation or early luggage drop off at Rec. Sunday pick up will remain at the dorm for 9am sharp.*

Housing: ☐ Friday, May 29, 2020 ☐ Saturday, May 30, 2020

Allergies: ____

Restrictions: ____

Special Dietary Needs: ____

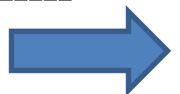
Chaperone Info

☐ I will be providing my own chaperone (preferred)

Name of chaperone: ________________________

Chaperone Contact #____________________Email:______________________________

☐ I will need a chaperone–*one may be provided based on volunteer availability and appropriate match but not guaranteed. You will be notified if a chaperone cannot be provided.*



**Choose your preferred Track and Swim events for the 2020 URI State Games (URI) by placing a (✓) next to the event(s):

Track Events * (Athletes signed up for a running event are not permitted to do a walking event.)

1500 M Run___
800 M Run___
400 M Dash___
200 M Dash___
100 M Dash___
50 M Dash___
25 M Walk - Developmental Race ___
200 M Walk___
Relay 4x200___
Relay 4x400___
Standing Long Jump___
High Jump___
Running Long Jump___
Pentathlon ____

Wheelchair Events

10 M Wheelchair ___
25 M Wheelchair___
30 M Slalom ___
100 M Wheelchair ___
Power______ Manual ___

Field Events * (Athletes may choose one throwing event.)

Shotput___
Shotput Wheelchair___
Ball Throw - Development___
Softball Throw___
Turbojav ___

AQUATICS * *(Athlete may enter (2) events and (1) relay.)*

25 YD Freestyle___
50 YD Freestyle___
100 YD Freestyle___
25 YD Backstroke___
50 YD Backstroke___
25 YD Breaststroke___
25 YD Butterfly___
50 YD Butterfly___
10 M Assisted___
15 M Flotation Race___
15 M Unassisted Race___
15 M Walk___
Relay___

***** PLEASE REVIEW BEFORE RETURNING TO BE SURE THAT YOU RECEIVE THE SERVICES OF YOUR CHOICE. PLEASE RETURN ALL PAGES FILLED OUT IN THEIR ENTIRETY. REGISTRATION WILL GO BY THE INFO THAT YOU HAVE INCLUDED. IF YOU HAVE ANY QUESTIONS, PLESASE FEEL FREE TO EMAIL JESSICA KEENAN AT jkeenan@trudeaucenter.org . *****

370 George Washington Highway
Smithfield, RI 02917
(401) 349-4900 telephone
(401) 349-4936 fax
www.specialolympicsri.org

APPLICATION FOR PARTICIPATION IN SPECIAL OLYMPICS RHODE ISLAND

(Medical Form for individuals with intellectual disabilities)

Please print clearly and complete ALL sections in their entirety

This application expires three (3) years from the date of the physical exam

DEMOGRAPHICS

Local Program ______________________________ Application: (circle one) **NEW** **RENEWAL**

Athlete Information:

Last Name:____________________ First Name:____________________

Gender: Male_____ Female_____ Date of Birth: ______/______/__________ (Month Day Year)

Street Address:______________________________________

City:__________________ State:________ Zip:______________

Primary Phone:________________________

Alternate Phone:________________________

Email Address:________________________

☐ Add email address to SORI Newsletter mailing list

Parent/Guardian Information:

Name:______________________________

Street Address (if different than Athlete):

____

City:______________ State:_____ Zip:_______

Primary Phone:________________________

Alternate Phone:________________________

Email Address:________________________

☐ Add email address to SORI Newsletter mailing list

Emergency Contact (if other than parent/guardian):______________________________ **Phone:**______________

Health/Accident Insurance Company:______________________________ **Policy Number**:______________

HEALTH HISTORY: TO BE COMPLETED BY HEALTH PROFESSIONAL

Yes	No		Yes	No		Yes	No	
☐	☐	Heart Problem/High Blood Pressure	☐	☐	Blindness/Impaired Vision	☐	☐	Emotional/Psychiatric/Behavioral
☐	☐	Chest Pain	☐	☐	Contact Lenses/Glasses	☐	☐	Sickle Cell Trait or Disease
☐	☐	Seizures/Epilepsy/Fainting Spells	☐	☐	Hearing Loss/Hearing Aid	☐	☐	Uses a Wheelchair
☐	☐	Diabetes	☐	☐	Bone or Joint Problem	☐	☐	Immunizations Up to Date
☐	☐	Concussion or Serious Head Injury	☐	☐	Asthma (exercise induced wheezing)	☐	☐	Tendency to Bleed Easily
☐	☐	Major Surgery or Serious Illness __________	☐	☐	Tobacco Use	☐	☐	Heat Stroke/Exhaustion

Allergies (list specific): Food____________________ Medication____________________ General/Insect sting/bites____________________

Special Diet______________________________ Date of last tetanus immunization: ____/____/______ Other:____________________

Medications: Is the athlete taking any prescription medications? Yes ☐ No ☐ If yes, please list all medications below.

Please print medication name, amount, date prescribed and number of times per day medication is given. (Use separate sheet for additional space).

Medication Name	Dosage	Date Prescribed	Times Per Day	Medication Name	Dosage	Date Prescribed	Times Per Day

SIGNATURE OF PERSON COMPLETING THIS FORM (PARENT/GUARDIAN/ADULT ATHLETE): ________________________

ALSO PRINT NAME:______________________________ DATE: ____/____/______

ATLANTO-AXIAL INSTABILITY ASSESSMENT FOR ATHLETES WITH DOWN SYNDROME

PHYSICIAN'S NOTE: If the athlete has Down syndrome, Special Olympics requires a full radiological examination establishing the absence of Atlanto-axial Instability and the completion of the Special Examination Form before he/she may participate in sports or events which, by their nature, may result in hyper-extension, radical flexion or direct pressure on the neck or upper spine.

YES	NO	
☐	☐	Does the athlete have Down Syndrome
☐	☐	Has an x-ray evaluation for Atlanto-axial Instability been done? Date of X-Ray________________________
☐	☐	If yes, was it positive for Atlanto-axial Instability? (Positive indicates that the atlanto-dens interval is 5mm or more)

*The sports and events for which such a radiological examination is required are: Judo, Equestrian sports, Gymnastics, Diving, Pentathlon, Butterfly stroke and Diving Starts in Swimming, High Jump, Alpine Skiing, Snowboarding, Squat Lift, and Football Team Competition (Soccer).

PHYSICAL EXAMINATION

Blood Pressure: ______/______ Weight: __________ Height: __________

Normal	Abnormal		Normal	Abnormal		Normal	Abnormal		Normal	Abnormal	
☐	☐	Vision	☐	☐	Extremities	☐	☐	Gastrointestinal System	☐	☐	Cranial Nerves
☐	☐	Hearing	☐	☐	Cardiovascular System	☐	☐	Genitourinary System	☐	☐	Coordination
☐	☐	Oral Cavity	☐	☐	Respiratory System	☐	☐	Skin	☐	☐	Reflexes
☐	☐	Neck									

Other:____

I have reviewed the above health information and have performed the above examination on this athlete within the past 6 months and certify that the athlete can participate in Special Olympics.

SPORTS RESTRICTIONS:____

EXAMINERS SIGNATURE:____ DATE:______/________/________ (MONTH DAY YEAR)

Print Examiners Name:______________________________ Certification: ☐ MD ☐ DO ☐ DC ☐ PA ☐ ARNP

Address: ____

City:____________________ State:_________ Zip:______________ Phone:____________________

SORI use only

New Athlete

Recorded in GMS (date: ____________)

Initial:____________

IMPORTANT: **This is a legal document. The following should keep copies of this form: 1) The State Office 2) The Head Coach 3) Athlete's Parent/Legal Guardian**

All coaches will be responsible for having up-to-date athlete medical forms in their possession at training and competition events and during transportation and travel.

370 George Washington Highway
Smithfield, RI 02917
(401) 349-4900 telephone
(401) 349-4936 fax
www.specialolympicsri.org

OFFICIAL SPECIAL OLYMPICS RHODE ISLAND RELEASE FORM

This form must be updated every three years

Local Program:____

Athlete Name: Last:___________________________ First:_______________________________ Date of Birth:_______/______/___________
Month Day Year

I represent and warrant that, to the best of my knowledge and belief, I am/my child is/my ward is physically and mentally able to participate in Special Olympics activities. I also represent that a licensed physician has reviewed the health information contained in my/my child's/my ward's application and has certified, based on an independent medical examination that there is no medical evidence which would preclude me/my child/my ward from participating in Special Olympics. I understand that if I/my child/my ward have Down syndrome, I/he/she cannot participate in sports or events which, by their nature, result in hyper-extension, radical flexion or direct pressure on my neck or upper spine unless I and two physicians have completed the official "Special Release For Athletes with Atlanto-axial Instability" Form, available from the Special Olympics Program in my state or I/my child/my ward have (has) had a full radiological examination which establishes the absence of Atlanto-axial Instability. I am aware that if I/my child/my ward choose not to complete the "Special Release For Athletes With Atlanto-axial Instability" Form which establishes the absence of Atlanto-axial Instability, I/my child/my ward must have the radiological examination before I/he/she can participate in butterfly stroke, diving starts in swimming, diving, pentathlon, high jump, squat lifts, equestrian sports, artistic gymnastics, football (soccer), alpine skiing, snowboarding and any warm-up activities placing undue stress on the head and neck.

Special Olympics has my permission, (both during and anytime after), to use my/my child's/my ward's likeness, name, voice or words in either television, radio, film, newspapers, magazines, and other media, and in any form, for the purpose of advertising or communicating the purposes and activities of Special Olympics and/or applying for funds to support these purposes and activities.

TO BE COMPLETED BY
ADULT ATHLETE AND ONE WITNESS

If, during my participation in Special Olympics activities, I should need emergency medical treatment, and I am not able to give my consent or make my own arrangements for that treatment because of my injuries, I authorize Special Olympics to take whatever measures are necessary to protect my health and well-being, including, if necessary, hospitalization.

My signature on this form grants permission to participate in Healthy Athlete Screenings, including but not limited to vision, dental and hearing screenings. In agreeing to participate, permission is granted to use data collected during the course of any Healthy Athlete Screening for research purposes.

I understand that it is my responsibility to acquire and review the Athlete Code of Conduct form for the safety and health of both myself and my fellow athletes.

I am at least 18 years old and have submitted the application for participation in Special Olympics Rhode Island. I, the athlete named above, have read this paper and fully understand the provisions of the release that I am signing. I understand that by signing this paper, I am saying that I agree to the provisions of this release.

SIGNATURE OF ADULT ATHLETE ______________________ DATE ______________________

I, hereby certify that I have reviewed this release with the athlete whose signature appears above. I am satisfied based on that review that the athlete understands this release and has agreed to its terms.

SIGNATURE OF WITNESS ______________________ PRINT NAME OF WITNESS ______________________ RELATIONSHIP ______________________
(e.g. family member, teacher, coach, etc.)

OR

TO BE COMPLETED BY
PARENT OR GUARDIAN OF MINOR ATHLETE

If a medical emergency should arise during the minor athlete's participation in any Special Olympics activities, at a time when I am not personally present so as to be consulted regarding the athlete's care, I hereby authorize Special Olympics, on my behalf, to take whatever measures are necessary to ensure that the athlete is provided with any emergency medical treatment, including hospitalization, which Special Olympics deems advisable in order to protect the athlete's health and well-being.

I am the parent (guardian) of the athlete named in this application. I have read and fully understand the provisions of the above release, and have explained these provisions to the athlete. Through my signature on this Release Form, I am agreeing to the above provisions on my own behalf and on the behalf of the athlete named above.

I specifically grant permission for the athlete to participate in Healthy Athlete Screenings, including but not limited to vision, dental and hearing screenings. In agreeing to participate, permission is granted to use data collected during the course of any Healthy Athlete Screenings for research purposes.

I hereby give my permission for the athlete named above to participate in Special Olympics games, recreation program, and physical activity programs.

SIGNATURE OF PARENT/GUARDIAN ______________________ DATE ______________________

PRINT NAME ______________________

*****THIS FORM MUST BE COMPLETED LEGIBLY, SIGNED, AND DATED TO BE CONSIDERED VALID FOR THREE (3) YEARS**